NCLEX-RN · 2026 TEST PLAN · NGN READY

Laxatives & Cathartics

A complete clinical-judgment guide to the eight laxative classes — mechanism, monitoring, holds, traps, and the one decision that protects every patient.

• DRUG CLASS · LAXATIVES • SYSTEM · GASTROINTESTINAL • 10-SECTION FRAMEWORK • NCJMM ALIGNED

01 Drug Overview — Why we give it

Key Indications

- Acute or chronic **constipation**
- **Bowel prep** before colonoscopy, surgery, imaging `PEG · Mg citrate`
- **Prevent straining** — post-MI, post-op, postpartum, hemorrhoids, ↑ ICP, glaucoma `docusate`
- **Opioid-induced constipation** `senna + docusate`
- *Hepatic encephalopathy* — lactulose traps ammonia ($NH_3 \rightarrow NH_4^+$)
- Toxin / parasite removal (rare — stimulants, saline)

High-Yield Clinical Use

- **Docusate** = softener of choice when straining must be avoided
- **Lactulose** = a GI drug used *neurologically* — lowers ammonia in cirrhosis
- **PEG (MiraLAX, GoLYTELY)** = gold standard for colonoscopy prep
- **Methylnaltrexone** = opioid-induced constipation without reversing analgesia

Remember

Lifestyle first — fiber 20–35 g/day, fluids 2–3 L/day, and activity beat any pill.

02 Mechanism of Action — Simplified

Bulk-forming → absorb water in intestine → ↑ stool bulk & soft mass → stretch bowel wall → peristalsis

Stool softener → ↓ surface tension → water + fat mix into stool → softer, easier to pass

Osmotic → non-absorbable sugars/salts pull water into lumen → ↑ intraluminal volume → peristalsis

Lactulose (special) → colon bacteria → lactic/acetic acid → NH_3 → NH_4^+ (trapped) → excreted in stool

Saline (Mg, Na phosphate) → strong osmotic pull → rapid, watery evacuation

Stimulant → directly irritate myenteric plexus → ↑ peristalsis + ↓ water absorption

Lubricant (mineral oil) → coats stool & intestinal wall → prevents water reabsorption

Lubiprostone → activates Cl^- channels in intestine → ↑ fluid secretion → motility

Methylnaltrexone → blocks peripheral μ-opioid receptors in gut → reverses opioid constipation *without* crossing BBB or blocking analgesia

03 Therapeutic Effects — How you know it's working

- Formed, soft bowel movement **without straining**
- Return of regular bowel pattern (patient-specific, not daily)
- Relief of abdominal discomfort / bloating
- **Clear, yellow-tinged rectal effluent** before colonoscopy
- *Lactulose:* 2–3 soft stools/day **AND** ↓ ammonia, ↑ LOC in hepatic encephalopathy
- Active bowel sounds return post-op
- ↓ PRN stimulant use once bulk + fluids + activity are optimized

04 Side Effects & Adverse Reactions

COMMON · USUALLY SELF-LIMITED

- Abdominal cramping, bloating, flatulence
- Nausea
- Diarrhea (dose-related)
- Perianal irritation with frequent use
- Orange/brown urine (senna — harmless)

SERIOUS · STOP AND NOTIFY

- **Dehydration + electrolyte imbalance** → hypokalemia, hyponatremia → dysrhythmias
- **Hypermagnesemia** (Mg agents + renal impairment) → loss of DTRs, bradycardia, resp depression
- **Bowel obstruction** — bulk-forming with inadequate water
- **Lipoid (aspiration) pneumonia** — mineral oil in dysphagia/bedridden
- **Laxative dependence** + cathartic colon (chronic stimulant abuse)
- **Melanosis coli** — brown/black colonic pigment (chronic senna/bisacodyl)
- **Rectal bleeding, severe pain, black tarry stools** → STOP + notify
- **Fat-soluble vitamin deficiency** (A, D, E, K) — chronic mineral oil
- **Acute phosphate nephropathy** — Na phosphate in elderly/CKD/CHF

05 Priority Nursing Considerations

Assess

- Last BM, stool pattern, consistency (**Bristol scale**), frequency
- **Bowel sounds in all 4 quadrants** BEFORE giving
- Abdominal distention, pain, rigidity — rule out obstruction/appendicitis
- Hydration: I&O, skin turgor, mucous membranes
- Current meds (opioids, anticholinergics, Fe, Ca → constipating)

Monitor

- Vital signs — BP/HR (orthostatic with fluid loss)
- Electrolytes: **K^+, Na^+, Mg^{2+}, phosphate**
- Renal function: **BUN, creatinine** before Mg/phosphate agents
- Daily weights with bowel prep or chronic use

HOLD / DO NOT GIVE IF

- Undiagnosed abdominal pain
- Suspected obstruction, ileus, perforation
- Appendicitis / acute surgical abdomen
- Fecal impaction — *enema first*
- Active GI bleed, UC flare, toxic megacolon
- N/V of unknown cause
- **Mg laxatives if CrCl < 30**
- **Mineral oil** if dysphagia, bedridden, age < 6 yr

Drug Interactions

- Laxatives ↓ absorption of oral drugs within 1–2 hr (**warfarin, digoxin, OCPs**)
- **Stimulants + diuretics** → compounded hypokalemia → *digoxin toxicity*
- **Mineral oil + docusate** → ↑ systemic absorption of mineral oil (don't combine)
- **Bisacodyl + milk/antacids/PPI** → destroys enteric coating → cramping

06 Labs & Diagnostics

- **Potassium (K^+):** `3.5–5.0 mEq/L` — < 3.5 = **hypokalemia** → weakness, U-wave, dysrhythmia
- **Sodium (Na^+):** `135–145 mEq/L` — monitor with osmotics / bowel prep
- **Magnesium (Mg^{2+}):** `1.5–2.5 mEq/L` — ↑ with Mg laxatives in renal pts → loss of DTRs, bradycardia
- **BUN / Creatinine:** check BEFORE Mg or Na phosphate–based laxatives
- **Phosphate:** monitor with OsmoPrep / Fleet — risk of acute phosphate nephropathy
- **Ammonia:** `15–45 mcg/dL` — lactulose's goal is to *LOWER* ammonia in hepatic encephalopathy
- **Fecal occult blood (FOB):** rule out GI bleed before chronic therapy
- **CBC:** anemia may indicate chronic GI loss from stimulant abuse

07 Administration & Safety

Route & Timing

- **PO** — most classes (stimulants typically at bedtime for AM BM)
- **PR** — bisacodyl suppository, glycerin, mineral oil, soap-suds enema
- **PEG prep** — `240 mL q10 min × 4 L` · chilled & flavored for tolerance
- **SubQ** — methylnaltrexone

Key Administration Rules

- **Bulk-forming** → mix in 8 oz water, drink immediately, follow with a *second* glass of water
- **Bisacodyl tabs** → swallow WHOLE (enteric-coated); no milk, antacids, PPI, or food within 1 hr
- **Mineral oil** → empty stomach, upright, *NEVER at bedtime* (aspiration risk)
- **Lactulose** → mix with juice/water to mask taste; titrate to `2–3 soft stools/day`
- **Senna** → give at bedtime for morning effect (`6–12 hr`)
- **Methylnaltrexone** → SubQ; patient near bathroom — acts in 30–60 min
- **Lubiprostone** → with food + water; *negative pregnancy test required* in women of childbearing age

⚠ HIGH-ALERT PRECAUTIONS

- NEVER crush enteric-coated bisacodyl
- NEVER give to a patient with N/V or unexplained abdominal pain
- **Elderly** → start LOW; ↑ fall risk from urgency + dehydration
- **Pediatric** → mineral oil contraindicated < 6 yr; avoid stimulants in young children
- **Pregnancy** — Safe: docusate, psyllium, PEG · Avoid: castor oil (uterine contractions), mineral oil (↓ vit K → neonatal hemorrhage)

08 Patient Education

Lifestyle First — teach BEFORE pills

- ↑ fiber `20–35 g/day`
- ↑ fluids `2–3 L/day` unless restricted
- Daily physical activity — walking stimulates peristalsis
- Respond to the urge — don't suppress it
- Toilet routine after breakfast (*gastrocolic reflex*)

Safe Use

- Do NOT use for > 1 week without provider notification
- **Normal = 3/day to 3/week** — daily BMs are not required
- Always take bulk-forming with a FULL glass of water
- Separate laxatives from other oral meds by 1–2 hr
- Brown/orange urine with senna is normal

CALL PROVIDER / SEEK HELP IF

- Severe abdominal pain, cramping, or rigidity
- Rectal bleeding or black, tarry stools
- No BM after 3 days of use
- Persistent N/V, muscle weakness, palpitations
- Dizziness on standing (dehydration)

09 NCLEX Test Traps ⚠

- **TRAP:** Cirrhosis pt has 4 loose stools on lactulose → hold? *WRONG.* 2–3/day is therapeutic; **assess LOC and ammonia** before holding.
- **TRAP:** Confusing **docusate (softener)** vs **bisacodyl (stimulant)**. Post-MI = docusate, NOT a stimulant.
- **TRAP:** Giving **Mg-based** laxative to a renal patient → hypermagnesemia. *Check BUN/Cr first.*
- **TRAP:** Bulk-forming without enough water → *esophageal/bowel obstruction.*
- **TRAP:** Mineral oil at bedtime → *aspiration / lipoid pneumonia.*
- **TRAP:** Crushing enteric-coated bisacodyl or giving with milk/antacids → coating destroyed → cramping.
- **TRAP:** Assuming daily BM = normal. Normal range = `3/day to 3/week`.
- **TRAP:** Giving laxative for *fecal impaction* without disimpaction/enema first — can cause perforation.
- **TRAP:** Treating lactulose as "just a laxative" — it is the **primary TX for hepatic encephalopathy**.
- **PRIORITY:** Dysrhythmia from hypokalemia > constipation. *Treat the ABC problem first.*

10 Memory Boosters

MNEMONIC · SOFT BULK — THE CLASSES

- **S** — Stimulant (senna, bisacodyl)
- **O** — Osmotic (PEG, lactulose, MOM)
- **F** — Fluid/softener (docusate)
- **T** — Topical/lubricant (mineral oil)
- **B** — Bulk-forming (psyllium, methylcellulose)
- **U** — Uses Cl^- channels (lubiprostone)
- **L** — Lyses opioid effect in gut (methylnaltrexone)
- **K** — Kicks in fast with saline (Mg citrate)

MNEMONIC · DON'T STRAIN — WHO NEEDS DOCUSATE

- **S** — Surgery (post-op)
- **T** — Thrombosis / MI
- **R** — Rectal (hemorrhoids, fissures)
- **A** — Anticoagulated patients
- **I** — Increased ICP / glaucoma
- **N** — New mom (postpartum)

Patterns Across the Class

- ALL laxatives → push fluids (unless restricted)
- ALL laxatives → **HOLD if abdominal pain of unknown origin**
- **Mg anything + renal failure =** 🚫 (Mg laxatives, Mg antacids, Mg sulfate)
- Stimulants — fast relief, short-term only
- Bulk / softener — slow, safe, long-term

Quick-Recall One-Liners

- "Water + fiber before the pill"
- "Lactulose lowers ammonia"
- "Mg + kidneys = no"
- "Mineral oil upright, never at night"
- "Bulk without water = blockage"

Clinical Judgment Snapshot · NGN / NCJMM

#1 Priority Risk

Fluid volume deficit + electrolyte imbalance — especially hypokalemia → cardiac dysrhythmia. With Mg-based agents in renal patients → **hypermagnesemia** → cardiac & respiratory arrest. `Antidote: IV calcium gluconate`

FIRST HARM What harms the patient FIRST?

- Laxative given for **undiagnosed abdominal pain or obstruction** → perforation → peritonitis → sepsis
- Bulk-forming without adequate water → **esophageal or bowel obstruction** within minutes to hours
- Mineral oil in bedridden / dysphagic patient → **aspiration → lipoid pneumonia**

ACTION First Nursing Action — in order

1. ASSESS — bowel sounds, abdominal exam, last BM, pain, hydration, current meds
2. VERIFY — no contraindications (pain, obstruction, N/V, appendicitis, renal failure for Mg)
3. CHECK LABS — K^+, Mg^{2+}, BUN/Cr as indicated
4. ADMINISTER — correct route; full water for bulk; upright for mineral oil
5. MONITOR — stool output, hydration, electrolytes, VS, response
6. EDUCATE — fiber, fluids, activity first; short-term use; when to notify provider

EMERGENCY NGN "Take Action" Pearls

- **Hypokalemia + digoxin + stimulant laxative** → hold dig, EKG, notify provider, replace K^+
- **Mg toxicity** → hold Mg laxative, call provider, prepare `IV calcium gluconate` (antidote)
- **Sudden severe abdominal pain after laxative** → hold future doses, NPO, vitals, assess for perforation, notify provider STAT

RX

Most Tested Drugs in This Class — Quick Comparison

CLASS	PROTOTYPE DRUG(S)	ONSET	KEY NCLEX PEARL
Bulk-forming	psyllium (Metamucil), methylcellulose (Citrucel)	12–72 hr	MUST give with full glass of water — **obstruction risk if fluid inadequate**
Stool softener (surfactant)	docusate sodium (Colace)	12–72 hr	Prevents straining — **#1 choice post-MI, post-surgery, hemorrhoids, ↑ ICP**
Osmotic	polyethylene glycol (MiraLAX), lactulose, Mg hydroxide (MOM)	30 min – 6 hr	Lactulose traps ammonia → **TX for hepatic encephalopathy**
Saline	Mg citrate, Na phosphate	30 min – 3 hr	Mg-based **AVOIDED in renal failure** (hypermagnesemia risk)
Stimulant	bisacodyl (Dulcolax), senna (Senokot)	6–12 hr	NOT for long-term use → **dependence + melanosis coli**
Lubricant	mineral oil	6–8 hr	Aspiration → **lipoid pneumonia**; blocks absorption of A, D, E, K
Cl^- channel activator	lubiprostone (Amitiza)	24–48 hr	Category C — **pregnancy test required** before starting
Peripheral opioid antagonist	methylnaltrexone (Relistor)	30 min – 4 hr	For opioid-induced constipation; does NOT cross BBB → **no reversal of analgesia**